

6/25/08

RE: Hiring Necessary Position- Andrea McPhall
6th grade teacher

Due to our rural location in Coolidge, 50 miles South of the Phoenix Metropolitan area, and difficulty in procuring a certified teacher, it was absolutely necessary to hire Andrea McPhall on June 19th, 2008.

The fingerprint clearance card process has begun. The application has been submitted to DPS as required, and background checks have been completed. Transcripts and certification documentation has been collected. All of the necessary references have been reviewed as well.

Darrin Anderson



**ARIZONA DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR A FINGERPRINT CLEARANCE
CARD**

APPLICATION NUMBER



USING IDENTITY VERIFIED PRINTS

* IVP 0065622 *

(602) 223-2279 P.O. Box 18390, Phoenix, AZ, 85005-8390

Instructions: Type or print all information in black ink. All fields marked with a * are required. You must submit the original application; reproductions will not be accepted or processed. If you have any questions about this form please call us: (602) 223-2279.

Why are you applying for a Fingerprint Clearance Card using Identity Verified Prints? *

<input type="checkbox"/> Department of Education Certification (A.R.S. § 15-106)	For DPS Use Only	<input checked="" type="checkbox"/> Charter School Teacher (A.R.S. § 15-106)
--	------------------	--

Please note: If none of the choices above apply to you, or you're not sure which box to check, please call the Department of Education at (602) 542-4367, or your school for assistance.

Charter School Teachers Only; Provide your school's information here:

Print School's Name *	School's Phone Number, Including Area Code *
Imagine Schools at Coolidge	520-224-1160
Print School's Complete Mailing Address *	City * State * Zip Code *
1290 Vuh Ki Inn Rd	Coolidge AZ 85228

Please provide the following: *

Print Your Full Legal Name * (Last, First, Middle)		Social Security Number		Phone Number w/ Area Code	
McPhall Andrea Ruth				1	
Date of Birth *	Race *	Sex *	Height *	Weight *	Eye Color *
		<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	5'6	180	Brown
					Hair Color *
					Brown
					Place of Birth *
					MI
Your Signature * (I authorize custodians of records to release information to the Arizona Department of Public Safety for the purpose of processing my application for a Fingerprint Clearance Card.)					Date *
X Andrea McPhall					10/9/08

Provide one of the following fees in the form of a money order, cashier's check, or a school's business check made payable to "DPS."

<input type="checkbox"/> Department of Education Certification or Paid Teacher: \$51.00	<input type="checkbox"/> Volunteer: \$47.00	<input checked="" type="radio"/> No cash. No personal checks.
---	---	---

If you are aware the enclosed payment exceeds the amount due, and the overpayment is less than \$10.00, signing this application indicates your agreement to have the excess funds donated to the State General Fund. If this application is not signed it will be returned to you. Fees are subject to change and are not refundable per A.R.S. § 41-1750 and § 41-1758.

Have you ever been issued a Fingerprint Clearance Card with an IVP number on it? *

Yes ↓

No ↓

If you were issued a Fingerprint Clearance Card with an IVP Number on it, we should have your Identity Verified Prints on file.



You must write the IVP Number from the bottom of your current or expired Fingerprint Clearance Card (not the number at the top of this form) in the box below to help us retrieve your prints:

I	V	P					
---	---	---	--	--	--	--	--

Your IVP Number *

If your Fingerprint Clearance Card does not have an IVP Number on it, you **must** follow the instructions in the box on the right. →

If you do not know your IVP number please contact us at (602) 223-2279 for assistance.

You are not required to submit a new set of fingerprints with this application.



Mail this application and the fee outlined above to the Applicant Clearance Card Team in the provided envelope.

If you were never issued a Fingerprint Clearance Card with an IVP Number on it you **must** submit Identity Verified Fingerprints with this application.

You can **only** be printed by a law enforcement agency (DPS does not provide this service), school district, charter school, or an entity that has a contract with a school to take Identity Verified Prints.

You must present the following when your Identity Verified Prints are taken:

<input type="checkbox"/> This completed application.	<input type="checkbox"/> The included postage paid return envelope.
<input type="checkbox"/> Photographic Identification.	<input type="checkbox"/> The included blank fingerprint card.
<input checked="" type="checkbox"/> Unless your school is providing payment, you must provide the fee for this application (see above). There may be an additional fee to have your Identity Verified Prints taken.	

Attention Fingerprint Technician:

Per A.R.S. § 15-106, you are required to complete this section. Applicant: do not fill out this section.

- ☒ Ensure the applicant provides everything on the list above.
- ☒ Compare the demographics on the photo ID presented and this application to verify they match.
- ☐ If using a livenesscan with the ability to print demographic information on the fingerprint card, do so.
- ☐ Otherwise, have the applicant fill out all demographics on the fingerprint card.
- ☒ Print the following information:

Print Name of Fingerprint Technician *	Print Fingerprint Tech's Agency or Company Name *
Carl White 11296	
Type of Photo ID Provided (If "Other," please specify) *	Date *
<input type="checkbox"/> Driver's License / MVD Issued ID <input type="checkbox"/> Passport <input type="checkbox"/> Other:	10/9/08

- ☒ Give the yellow and pink copies of this application back to the applicant.
 - ☒ Seal the white copy, the fingerprint card, and payment in the provided envelope and mail to DPS.
- A chain of custody must be maintained; do not give any other materials back to the applicant for any reason once their prints have been taken.**



**ARIZONA DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR A FINGERPRINT CLEARANCE
CARD**

APPLICATION NUMBER



USING IDENTITY VERIFIED PRINTS

IVP 0065617

(602) 223-2279 P.O. Box 18390, Phoenix, AZ, 85005-8390

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Print School's Name *	School's Phone Number, including Area Code *
Imagine Schools Coolidge	520-224-1160
Print School's Complete Mailing Address *	City * State * Zip Code *
1290 W. Van Ki Inn Rd	Coolidge AZ 85228

Please provide the following: *

Print Your Full Legal Name * (Last, First, Middle)		Social Security Number		Phone Number w/ Area Code	
McPhall Andrea Ruth					
Date of Birth *	Race *	Sex *	Height *	Weight *	Eye Color *
	W	Female <input checked="" type="checkbox"/> Male <input type="checkbox"/>	5'6"	180	Bro
Print Your Complete Address *		Hair Color *	Place of Birth *	State *	
		Bro	MI	AZ	

Your Signature * (I authorize custodians of records to release information to the Arizona Department of Public Safety for the purpose of processing my application for a Fingerprint Clearance Card.)

X Andrea McPhall

Date * 8-20-08

Provide one of the following fees in the form of a money order, cashier's check, or a school's business check made payable to "DPS."

<input type="checkbox"/> Department of Education Certification or Paid Teacher: \$51.00	<input type="checkbox"/> Volunteer: \$47.00	<input checked="" type="radio"/> No cash, No personal checks.
--	--	--

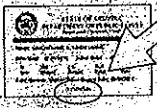
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I	V	P							
---	---	---	--	--	--	--	--	--	--

Your IVP Number *

If your Fingerprint Clearance Card does not have an IVP Number on it, you must follow the instructions in the box on the right: →

If you do not know your IVP number please contact us at (602) 223-2279 for assistance.

You are not required to submit a new set of fingerprints with this application.



Mail this application and the fee outlined above to the Applicant Clearance Card Team in the provided envelope.

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- ☒ This completed application.
- ☒ Photographs Identification
- ☐ Unless your school is providing payment, you must provide the fee for this application (see above). There may be an additional fee to have your Identity Verified Prints taken.
- ☒ The included postage paid return envelope.
- ☐ The included blank fingerprint card.

Attention Fingerprint Technician:

Per A.R.S. § 15-106, you are required to complete this section. Applicant: do not fill out this section.

- ☒ Ensure the applicant provides everything on the list above.
- ☒ Compare the demographics on the photo-ID presented and this application to verify they match.
- ☒ If using a livenesscan with the ability to print demographic information on the fingerprint card, do so. Otherwise, have the applicant fill out all demographics on the fingerprint card.
- ☒ Print the following information:

Print Name of Fingerprint Technician *	Print Fingerprint Tech's Agency or Company Name *
Mary Ann Estes	Coolidge Police Dept
Type of Photo ID Provided (If "Other," please specify) *	Date / /
<input type="checkbox"/> Driver's License / MVD Issued ID <input type="checkbox"/> Passport <input type="checkbox"/> Other	8/21/08

- ☒ Give the yellow and pink copies of this application back to the applicant.
- ☐ Seal the white copy, the fingerprint card, and payment in the provided envelope and mail to DPS.
- A chain of custody must be maintained: do not give any other materials back to the applicant for any reason once their prints have been taken.**

Arizona State Board for Charter Schools Fingerprinting Statement of Assurance

NOTE: This document should be used only after reviewing Agency Guidance Bulletin #001 (available at www.asbcs.state.az.us) and Laws 2005 Chapter 21, A.R.S. 15-183 (c)(4). For a copy of this law, please go to www.azleg.state.az.us.

Charter School Name: <u>Imagine Schools at Coolidge</u>	
Applicant Name: <u>Andrea McPhail</u>	Social Security Number: _____

I have read Laws 2005 Chapter 21, A.R.S. §15-183(C)(4), and the agency guidance provided by the Arizona State Board for Charter Schools and understand the associated requirements.

I understand that the above named applicant's fingerprints have not yet been processed by the Arizona Department of Public Safety or the Federal Bureau of Investigations. I verify that our charter school has a critical need to employ the applicant and that I have completed the following requirements:

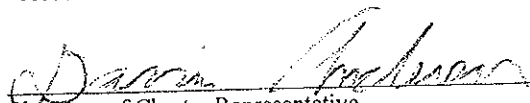
- Verified that the applicant has applied for a Fingerprint Clearance Card through the Certification Database as demonstrated by the attached documentation (copy of certification screen).
- Requested that the Arizona Department of Public Safety complete a statewide criminal history check on the applicant. Date Completed 8-6-08.
- Completed a search of criminal records in all local jurisdictions outside of Arizona where the applicant has resided in the previous five years. Date Completed 8-1-08.
- Obtained references from the applicant's current employer, and two most recent previous employers except for applicants who have been employed for at least five years by the most recent employer. Date Completed 6-15-08.
- Agree to supervise the applicant closely until fingerprint clearance has been received.

I also verify there is no evidence that the applicant was ever convicted of any of the following crimes:

- Second-degree murder
- Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age
- Sexual assault
- Molestation of a child
- Sexual conduct with a minor
- Commercial sexual exploitation of a minor
- Sexual exploitation of a minor
- Child abuse
- Kidnapping
- Sexual abuse of a minor
- Taking a child for the purpose of prostitution as prescribed in section 13-3206
- Child prostitution as prescribed in section 13-3212
- Involving or using minors in drug offenses
- Continuous sexual abuse of a child
- Attempted first-degree murder
- Any other dangerous crime against children as defined in section 13-604.01
- Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001
- Any offense causing you to have to register as a sex offender
- First-degree murder
- Armed robbery
- Incest
- Exploitation of minors involving drug offenses
- Sexual abuse of a vulnerable adult
- Sexual exploitation of a vulnerable adult

- Commercial sexual exploitation of a vulnerable adult
- Abuse of a vulnerable adult

- Molestation of a vulnerable adult
- Neglect of a vulnerable adult


Signature of Charter Representative

6-19-08
Date

FedEx US Airbill
Express

FedEx Tracking Number 8612 5642 3530

From Please print and press hard.
Date 10-24-08 Sender's FedEx Account Number 291541721 INT NUMBER ONLY

Sender's Name Carrie Muehlhausen Phone 48013550505

Company Imagine Schools Sonoran Region

Address 1843 W. 16th Ave Dept./Floor/Suite/Room

City Apache Junction State AZ ZIP 85220

Your Internal Billing Reference OPTIONAL
First 24 characters will appear on invoice.

To Recipient's Name Zee Phone 6022232223

Company Applicant Team 1 (DPS)

Recipient's Address 2102 W. Encanto Blvd Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address To request a package be held at a specific FedEx location, print FedEx address here.

City Phoenix State AZ ZIP 85007



CONF#MSCA409

FedEx US Airbill
Express

FedEx Tracking Number 8647 2790 9191

From Please print and press hard.
Date 10-24-08 Sender's FedEx Account Number 291541721 INT NUMBER ONLY

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City Phoenix State AZ ZIP 85007



OCT 27 2008

410

Sender's Copy

4a Express Package Service Packages up to 150 lbs.

☐ FedEx Priority Overnight. Next business morning. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Standard Overnight. Next business afternoon. Saturday Delivery NOT available.

☒ FedEx First Overnight. Earliest next business morning delivery to select locations. Saturday Delivery NOT available.

☐ FedEx 2Day. Second business day. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Express Saver. Third business day. Saturday Delivery NOT available.

4b Express Freight Service Packages over 150 lbs.

☐ FedEx 1Day Freight. Next business day. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx 2Day Freight. Second business day. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx 3Day Freight. Third business day. Saturday Delivery NOT available.

5 Packaging

☒ FedEx Envelope. Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.

☐ FedEx Pak. Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.

☐ FedEx Box.

☐ FedEx Tube.

☐ Other.

6 Special Handling Include FedEx address in Section 3.

☐ SATURDAY Delivery. NOT Available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.

☐ HOLD Weekday at FedEx Location. NOT Available for FedEx First Overnight.

☐ HOLD Saturday at FedEx Location. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods?
One box must be checked.
☒ No ☐ Yes. As per attached Shipper's Declaration. ☐ Yes. Shipper's Declaration not required.

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

☐ Dry Ice. Dry Ice, UN 1845. ☐ Cargo Aircraft Only.

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.

☒ Sender. Acct. No. in Section 1 will be billed.

☐ Recipient. ☐ Third Party. ☐ Credit Card. ☐ Cash/Check.

FedEx Acct. No. Credit Card No. Exp. Date

Total Packages 1 Total Weight 1 Total Declared Value* \$.00

*Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

8 Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

☐ No Signature Required. Packages may be left without obtaining a signature for delivery.

☒ Direct Signature. Someone at recipient's address may sign for delivery. Fee applies.

☐ Indirect Signature. If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies.

Rev. Date 10/06/08 Part #15821-01/06-2008 FedEx-PRINTED IN U.S.A. 520

Sender's Copy

4a Express Package Service Packages up to 150 lbs.

☐ FedEx Priority Overnight. Next business morning. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

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520



ARIZONA DEPARTMENT OF PUBLIC SAFETY

APPLICATION NUMBER

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USING IDENTITY VERIFIED PRINTS

(602) 223-2279 P.O. Box 18390, Phoenix, AZ, 85005-8390

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☐ Department of Education
Certification (A.R.S. § 15-106)

For DPS Use Only

☒ Charter School Teacher & Instructional
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Please provide the following: *

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Social Security Number

*Phone Number w/ Area Code

McPhail Andrea Ruth

*Date of Birth

Race *

*Sex

Height *

Weight *

Eye Color *

Hair Color *

Place of Birth *

Print Your Complete Mailing Address *

W

Female Male

5'6"

180

Brown

Brown

MI

Your Signature * (I authorize custodians of records to release information to the Arizona Department of Public Safety for the purpose of processing my application for a Fingerprint Clearance Card.)

X Andrea McPhail

Date *

10/24/08

Provide one of the following fees in the form of a money order, cashier's check, or a school's business check made payable to "DPS."

☒ Department of Education Certification or Paid Teacher: \$42.00

☐ Volunteer: \$43.00

No cash.

No personal checks.

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Have you ever been issued a Fingerprint Clearance Card with an IVP number on it? *

Yes ↓

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- ☒ Print the following information:

Print Name of Fingerprint Technician *	Print Fingerprint Tech's Agency or Company Name *
Shirley Medlin	Thumbs Up Fingerprinting
Type of Photo ID Provided (if "Other," please specify) *	Date *
<input checked="" type="checkbox"/> Driver's License / MVD Issued ID <input type="checkbox"/> Passport <input type="checkbox"/> Other:	10/24/08

- ☒ Give the yellow and pink copies of this application back to the applicant.
- ☒ Seal the white copy, the fingerprint card, and payment in the provided envelope and mail to DPS. A chain of custody must be maintained: do not give any other materials back to the applicant for any reason once their prints have been taken.

Distribution: White copy submitted to DPS; Yellow copy to school or Department of Education; Pink copy retained by applicant.

DPS 802-07283 Rev. 2-2008

OCT 27 2008



October 27, 2008

Dear Customer:

Proof-of-delivery letters are being provided for the following shipments:

861256423530

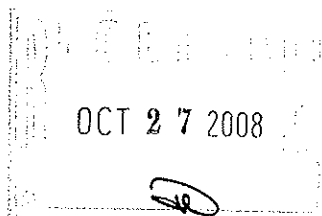
864727909191

You may save or print this Batch Signature Proof of Delivery file for your records.

Thank you for choosing FedEx. We look forward to working with you in the future.

FedEx

1.800.GoFedEx 1.800.463.3339





FedEx Express
Customer Support Trace
3875 Airways Boulevard
Module H, 4th Floor
Memphis, TN 38116

U.S. Mail: PO Box 727
Memphis, TN 38194-4643
Telephone: 901-369-3600

October 27, 2008

Dear Customer:

The following is the proof-of-delivery for tracking number 861256423530.

Delivery Information:

Status:	Delivered	Delivery date:	Oct 27, 2008 07:32
Signed for by:	K.ADAMS		
Service type:	First Overnight Envelope		

Shipping Information:

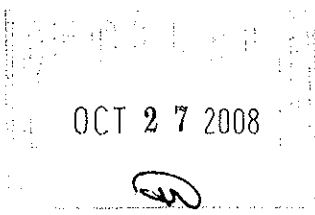
Tracking number:	861256423530	Ship date:	Oct 24, 2008
		Weight:	0.5 lbs.

Recipient:
US

Shipper:
APA US

Thank you for choosing FedEx Express.

FedEx Worldwide Customer Service
1.800.GoFedEx 1.800.463.3339





FedEx Express
Customer Support Trace
3875 Airways Boulevard
Module H, 4th Floor
Memphis, TN 38116

U.S. Mail: PO Box 727
Memphis, TN 38194-4643
Telephone: 901-369-3600

October 27, 2008

Dear Customer:

The following is the proof-of-delivery for tracking number 864727909191.

Delivery Information:

Status:	Delivered	Delivery date:	Oct 27, 2008 07:32
Signed for by:	K.ADAMS		
Service type:	First Overnight Envelope		

Shipping Information:

Tracking number:	864727909191	Ship date:	Oct 24, 2008
		Weight:	0.5 lbs.

Recipient:
US

Shipper:
APA US

Thank you for choosing FedEx Express.

FedEx Worldwide Customer Service
1.800.GoFedEx 1.800.463.3339

OCT 27 2008



ARIZONA DEPARTMENT OF PUBLIC SAFETY
CRIMINAL JUSTICE SUPPORT DIVISION
**NON-CRIMINAL JUSTICE APPLICANT
FINGERPRINT CARD INVENTORY SHEET**

Applicant Team One ☎ (602) 223-2223

Inventory Sheet Number

472660

✉ Applicant Team One
Mail Drop 2250
P.O. Box 18430
Phoenix, AZ 85005-8430

Date 10-23-08	Submitting Agency Imagine Schools Sonoran Region	Submitting Agency's ORI/OCA Number XX 015978E																																																																																													
Type of Applicant(s) (Check One Box Only) <input checked="" type="checkbox"/> Regular Applicants <input type="checkbox"/> Volunteers <input type="checkbox"/> Resubmits (No Fee Required) <input type="checkbox"/> State Level Only		Direct Phone Number of Contact Person 480 355 0505																																																																																													
<table border="1"><thead><tr><th></th><th>Applicant's Name</th><th>Date of Birth</th></tr></thead><tbody><tr><td>1</td><td>Andrea McPhail</td><td>10-21-1977</td></tr><tr><td>2</td><td></td><td></td></tr><tr><td>3</td><td></td><td></td></tr><tr><td>4</td><td></td><td></td></tr><tr><td>5</td><td></td><td></td></tr><tr><td>6</td><td></td><td></td></tr><tr><td>7</td><td></td><td></td></tr><tr><td>8</td><td></td><td></td></tr><tr><td>9</td><td></td><td></td></tr><tr><td>10</td><td></td><td></td></tr><tr><td>11</td><td></td><td></td></tr><tr><td>12</td><td></td><td></td></tr><tr><td>13</td><td></td><td></td></tr><tr><td>14</td><td></td><td></td></tr><tr><td>15</td><td></td><td></td></tr><tr><td>16</td><td></td><td></td></tr><tr><td>17</td><td></td><td></td></tr><tr><td>18</td><td></td><td></td></tr><tr><td>19</td><td></td><td></td></tr><tr><td>20</td><td></td><td></td></tr><tr><td>21</td><td></td><td></td></tr><tr><td>22</td><td></td><td></td></tr><tr><td>23</td><td></td><td></td></tr><tr><td>24</td><td></td><td></td></tr><tr><td>25</td><td></td><td></td></tr><tr><td>26</td><td></td><td></td></tr><tr><td>27</td><td></td><td></td></tr><tr><td>28</td><td></td><td></td></tr><tr><td>29</td><td></td><td></td></tr><tr><td>30</td><td></td><td></td></tr></tbody></table>			Applicant's Name	Date of Birth	1	Andrea McPhail	10-21-1977	2			3			4			5			6			7			8			9			10			11			12			13			14			15			16			17			18			19			20			21			22			23			24			25			26			27			28			29			30			✓ Applicant Fingerprint Card Submission Checklist <ul style="list-style-type: none"><input checked="" type="checkbox"/> ↑ Fill out the top portion of this inventory sheet with your agency's information. All fields are required.<input checked="" type="checkbox"/> ⓧ Check the box that corresponds to the type of applicant(s) being submitted with this sheet. Only one type of applicant can be submitted per inventory sheet. If you have a mix of regular applicants, volunteers, resubmits and/or state level only applicants they must be submitted with separate inventory sheets with separate payment for each type of applicant.<input checked="" type="checkbox"/> ← Write the names and dates of birth of the applicant(s) being submitted with this sheet in the spaces on the left in alphabetical order. 1 to 30 applicants may be submitted per inventory sheet.<input checked="" type="checkbox"/> ↗ Write the Inventory Sheet Number from the top right corner of this form in the "Miscellaneous No" box on all applicant fingerprint card(s) being submitted with this sheet. Only blue lined "applicant" fingerprint cards should be submitted to Applicant Team One. Do not submit pre-printed fingerprint cards meant for any other purpose (e.g. the "Fingerprint Clearance Card" fingerprint cards). Do not submit prints on white (crime scene), green lined (personal ID) or red/pink lined (arrest) fingerprint cards. Do not submit bent, stapled, stained or otherwise altered fingerprint cards.<input checked="" type="checkbox"/> ← Enclose payment in the exact amount required for the number of applicant(s) being submitted. If the amount is not exact it will be rejected. No payment is required for resubmits. A maximum of three forms of payment can be accepted per inventory sheet (e.g. two money orders and a cashier's check). You may provide one form of payment for up to 35 inventory sheets as long as only one type of applicant is being submitted. Do not staple payment to this inventory sheet or the fingerprint cards. Paper or binder clips are fine.<input checked="" type="checkbox"/> ↑ Mail this sheet, the corresponding applicant fingerprint card(s) and payment to the address shown under the Inventory Sheet Number above. Do not separate this inventory sheet from the corresponding fingerprint cards and payment. The only materials that should be submitted to Applicant Team One are fingerprint card(s), inventory sheet(s) and payment. Do not include additional paperwork with your submission unless otherwise instructed.
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Distribution:

- Write copy sent with fingerprint cards and payment to Applicant Team One.
- Carry copy for your files.

Do not make copies of this inventory sheet for reuse, the inventory sheet number is unique to each sheet and can not be duplicated.
Do not use this inventory sheet for criminal justice applicants.

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